

# ASTHMA AT-A-GLANCE



ADULTS & CHILDREN OVER 5 YEARS OF AGE



Bureau of TennCare

	MEASURES		THERAPIES	
	Symptoms	Lung Function	Quick Relief Medications	Long-Term (Daily) Control Medications
Mild Intermittent	< 2 / wk. Brief & varied exacerbations Night symptoms = 2x/ month	FEV <sub>1</sub> or PEF > 80 % Predicted PEF variability < 20 %	<ul style="list-style-type: none"> <li>Beta<sub>2</sub>-agonists as needed for symptoms</li> <li>Use of short acting inhaler more than 2 x/ wk. May indicate need for long-term control therapy.</li> </ul>	<ul style="list-style-type: none"> <li>None needed</li> </ul>
Mild Persistent	3-6x/wk. Activity may be affected Night symptoms 3-4x/ month	FEV <sub>1</sub> or PEF > 80 % Predicted PEF variability 20 –30 %	<ul style="list-style-type: none"> <li>Beta<sub>2</sub>-agonists as needed for symptoms</li> <li>Use of inhaler on a daily basis indicates the need for additional long-term control therapy</li> </ul>	<ul style="list-style-type: none"> <li>Anti-inflammatory: low dose <b>inhaled steroid</b> OR <b>cromolyn</b> OR <b>nedocromil</b> OR</li> <li>Sustained-release theophylline (not preferred)</li> </ul>

MEASURES		THERAPIES	
Symptoms	Lung Function	Quick Relief Medications	Long-Term (Daily) Control Medications
Moderate Pers-tent Daily symptoms Activity is affected > 2x/ wk. Relievers used daily Night symptoms = 5x/ month	FEV <sub>1</sub> or PEF 60-80 % Predicted PEF variability > 30 %	<ul style="list-style-type: none"> <li>• Beta<sub>2</sub>-agonists as needed</li> <li>• Treatment will depend on severity of exacerbation</li> <li>• Use of short-acting inhaler on a daily basis indicates the need for additional long-term control therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• Anti-inflammatory: low dose <b>inhaled steroid</b> AND add a <b>long-acting bronchodilator</b> (primarily for nighttime symptoms) OR</li> <li>• Anti-inflammatory: <b>inhaled steroid (medium-high dose) AND long-acting bronchodilator.</b></li> </ul>
Severe Pers-tent Continual symptoms Activity is affected Frequent exacerbations Frequent night symptoms	FEV <sub>1</sub> or PEF 60 % Predicted PEF variability > 30 %	<ul style="list-style-type: none"> <li>• Beta<sub>2</sub>-agonists as needed</li> <li>• Treatment will depend on severity of exacerbation</li> <li>• Use of short-acting inhaler on a daily basis indicates the need for additional long-term control therapy.</li> </ul>	<ul style="list-style-type: none"> <li>• Anti-inflammatory: <b>inhaled steroid (high dose) AND</b></li> <li>• Either long-acting inhaled beta<sub>2</sub>-agonist, sustained release theophylline, or long-acting beta<sub>2</sub>-agonist tablets AND</li> <li>• Steroid tablets or syrup long-term (make repeated attempts to reduce systemic steroid and maintain control with high-dose inhaled steroid)</li> </ul>